



## LINCC LIBRARY CARD APPLICATION



FIRST		MIDDLE		LAST	
MAILING ADDRESS				APT #	
CITY		STATE		ZIP	
HOME ADDRESS (IF DIFFERENT THAN ABOVE)					
CITY		STATE		ZIP	
PHONE #		BIRTHDATE		PIN (4 DIGITS)	
E-MAIL ADDRESS		<input type="checkbox"/> Please E-Mail me about Library news and events		NOTICE PREFERENCE E-mail <input type="checkbox"/> Phone Call <input type="checkbox"/>	
<b>AGREEMENT:</b> I understand that I am responsible for all use made of my library card and I agree to abide by library rules. This card may be used at all public libraries in Clackamas County. Policies and offered services vary between libraries. Information about a member's record cannot be given to anyone but the member.					
APPLICANT SIGNATURE:				DATE	
PARENT/GUARDIAN SIGNATURE:				PARENT/GUARDIAN PRINT:	
BARCODE	ID				Proof of Address Yes      No
	RESIDENCE AREA	NOTES			STAFF

